


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>5 4 2 - 3 7 3</b>	2. PERIOD COVERED MO DAY YEAR From <b>0 1 0 1 2 0 0 2</b> Through <b>1 2 3 1 2 0 0 2</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name <b>G A R Y</b> Last Name <b>H E L T O N</b> P.O. Box· Building and Room Number (if any)  Number and Street <b>6 7 W A T E R S T R E E T , S U I T E 2 0 9</b> City <b>L A C O N I A</b> State ZIP Code + 4 <b>N H 0 3 2 4 6 -</b>		
4. AFFILIATION OR ORGANIZATION NAME <b>PROFESSIONAL FLIGHT ATTENDANTS ASSN</b>			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) <b>PFAA</b>			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 56.)			

56. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: *Gay D. Meek* PRESIDENT  
5/14/03 952-707-6840  
Date Telephone Number

(If other title,  
see instructions.)

58. SIGNED: *Gary Helton* SECRETARY-TREASURER  
5/15/03 714-744-2824  
Date Telephone Number

(If other title,  
see instructions.)

*During the Reporting Period Did Your Organization:*

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>  |                          |                                     |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)*

19. How many members did your organization have at the end of the reporting period? 5

(Interim Officers)

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 1 0 0 0 0 0 0

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....

Yes ☐ No ☒

*(If the constitution and bylaws or practices/procedures have changed, see the instructions.)*

22. What is the date of your organization's next regular election of officers? MO 1 2 YEAR 2 0 0 3

*(6 months from Certification)*

23. What are your organization's rates of dues and fees?  
*(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 20.00-45.00 per <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 100.00
(c) Transfer Fees	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0
(d) Work Permits	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0 per <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> month <i>(Month, Year, etc.)</i>

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 4 2 - 3 7 3

	(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)		
	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>						
1.	MEEK PRESIDENT	GUY C	0	0	0		
2.	HELTON SECRETARY / TREASURER	GARY C	0	6 3 8	6 3 8		
3.	IBARRA VICE PRESIDENT	JOSE C	0	0	0		
4.	LEWIS MEMBER-AT-LARGE	MARIE C	0	0	0		
5.	LUTZ MEMBER-AT-LARGE	PATTI C	0	0	0		
6.							
7.							
8.	Totals from additional pages (if any)						
9.	Totals of Lines 1 through 8		0	6 3 8	6 3 8		
				10. Less Deductions	0		
The Total from Line 11 in .....Item 45				11. Net Disbursements	6 3 8		

\* Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 4 2 - 3 7 3

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	0	4 3 6 5	32. Accounts Payable .....	0	1 1 2 0 4 3
	26. Loans Receivable.....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	0	0
	29. Fixed Assets .....	0	0	36. TOTAL LIABILITIES ....	0	1 1 2 0 4 3
	30. Other Assets .....	0	0			
	31. TOTAL ASSETS .....	0	4 3 6 5	37. NET ASSETS (Item 31 less Item 36) .....	0	1 0 7 6 7 8

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	0	45. To Officers (from Item 24) .....	6 3 8
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	0
	41. Interest & Dividends .....	6	48. Office & Administrative Expense .....	1 4 6 8 4
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	1 2 4 8
	43. Other Receipts .....	2 4 9 7 9	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	2 4 9 8 5	51. Contributions, Gifts & Grants .....	0
	<p><b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b></p>		52. Purchase of Investments & Fixed Assets .....	0
53. Loans Made .....			0	
54. Other Disbursements .....			4 0 5 0	
55. TOTAL DISBURSEMENTS .....			2 0 6 2 0	

ORGANIZATION NAME:

PROFESSIONAL FLIGHT ATTENDANTS ASSN

FILE NUMBER:

5 4 2 - 3 7 3

ENDING DATE OF PERIOD COVERED:

12/31/2002

## 56. ADDITIONAL INFORMATION *(continued)*

Item Number

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All officers listed are interim officers. Member election of officers will be held within six months after date of certification.